

# Nursing Demand in Rural Honduras: Connections to Culture

Hannah Hwang

St. Paul's School, USA

## ABSTRACT

As the majority of Hondurans live in poverty, healthcare providers have to care for an increased number of diseases. In addition, Honduras has a low nurse-population ratio, leading to the workforce being spread thin along with inadequate medical funding and low salaries. This prompts a significant portion to emigrate, continuing the cycle of healthcare shortages across Honduras. The lack of accessible nursing schools also discourages those who want to pursue the nursing profession. Interviews with nursing students living in rural Honduras affirm previous studies done, but also display Hondurans living in rural areas prefer traditional medicine rather than allopathic medicine due to inadequate healthcare treatments in those areas.

## Introduction

Though research about the nursing system in the community of Buena Vista is virtually nonexistent, it can be assumed that as Buena Vista shares many aspects with similar rural communities in Honduras, their nursing systems will also correlate accordingly. Many service-learning and study-abroad programs target Honduras, but most service workers do not fully understand the intricate problems plaguing the Honduran healthcare system (Faktor et al., 2023). This is the trend with most of these programs that also help underprivileged areas in other countries, as it is much easier to tackle the problem bottom-up and help individuals directly instead of digging to the core of the matter and fixing the system top-down. Due to this, follow-up care of antibiotics and other types of medicine used in wealthier countries is hardly possible. It often has led to more strain on the Honduran healthcare system over the long run (Faktor et al., 2023). It is up to the healthcare professionals in Honduras to deal with the aftermath—but as the system is nowhere near self-sufficient, caring about the side effects of such drugs is the least of these healthcare providers' worries.

It is not revolutionary to realize that richer countries spend more money per capita on healthcare than poorer countries. Nonetheless, to put into perspective the severity of the shortage in monetary aid, \$92 is spent on healthcare by the Honduran government per capita versus \$13,493 per capita by the U.S. government (CMS, 2024; WHO, 2016). The majority of Hondurans live in poverty—66% in poverty and 49% in extreme poverty (Zeribi & Marquez, 2005). Due to this, Honduran healthcare providers have to care for an increasing number of diseases compared to wealthier countries. These diseases, such as infectious diseases (malaria, dengue, tuberculosis) and increased chronic diseases (cancer and cardiovascular) are hard to cure, even in wealthy countries (Tremethick & Smit, 2014). There are also additional problems in rural Honduras: the lack of hand washing, teeth brushing, and understanding of other numerous healthy choices that would be easily accessible information in wealthy countries (Tremethick & Smit, 2014).

On top of these factors, the nursing workforce in Honduras is spread thin, with Honduras having a low 0.32 professional nurses per 1,000 people compared to 9.72 nurses per 1,000 people in the U.S. (Malvárez & Castrillón, 2005). Additionally, only 21.2% of this nursing workforce comprises professional nurses, while the greater 78.8% comprises auxiliary nurses with lesser qualifications and a lower salary (Tremethick & Smit, 2014). Many of these auxiliary nurses want to continue their education in nursing to become professional nurses (Tremethick & Smit, 2014). Still, they can not because of various restrictions that force them to focus on the current, dire situation. Their salaries are too low, and most regions do not have a nursing school location they can access without giving up their livelihoods

(Tremethick & Smit, 2014). Due to these limitations, many Honduran nurses choose to emigrate and move out to a wealthier country that can provide a higher salary, continuing the cycle of healthcare shortage in Honduras (Malvárez & Castrillón, 2005). Ultimately, nurses in Honduras face busy workdays but limited resources to care for patients, leading to an irreparable healthcare system.

## Methodology

Online interviews—a focus group with the nursing students and a key informant interview with the principal—were conducted in partnership with the Nightingale Nursing School. This information was analyzed using several codes and compiled to find common responses and patterns within the interviewees. The codes were: “What sparked their interest in pursuing nursing,” “Preconceived notions,” “Connection of nursing to family and community,” “How nurses contribute to the overall well-being of communities,” “Traditional healing practices and their connections with modern medicine,” “Current nursing shortages in Honduras,” “The impact of Covid-19 on nurses,” “Future aspirations,” and “Sacrifices or challenges faced while pursuing nursing.”

## Results

After analyzing the various codes, the main motivation of these aspiring nurses to pursue nursing in the first place was the high level of risk in their rural communities. Some also noticed the inadequate healthcare system through personal experience or observation. Oftentimes, these prospective nurses viewed nursing as a profession that was passed down from family members, as several interviewees’ parents and even grandparents had been a primary motivator for their decision to pursue nursing.

Before they pursued nursing, their main preconception was that nursing was an easy job, where nurses “just [put] injections in people.” However, unlike their previous perceptions, these nursing students soon discovered that nurses have to learn a lot—some of them even considering dropping out during their first year of school as a result of the drastic contrast of the nursing profession from their initial thoughts.

In rural communities, these prospective nurses often found people to view nurses appreciatively, thinking of them as agents of change who were not only informative outlets, but also people who could serve as emotional support. However, they reported family members to mostly discourage them from pursuing the profession.

Nurses active in rural Honduras visit various risk areas, giving talks on essential health topics and raising awareness about cleanliness, especially during disease outbreaks. They prioritized and highly advocated for the vaccination of children under five, as they were also tasked with maintaining these vaccination records. They also took on the role of being an “informal psychologist,” providing advice and emotional support to the community members as the right hands of doctors.

There was also the unprecedented prevalence of traditional healing methods in communities in rural Honduras. These nursing students reported that there were several widespread beliefs among their communities that are viewed as “superstitious” by standardized medical knowledge. They were eager to give several examples they viewed as preposterous yet were commonly believed in among their communities. Teas were recommended to help parent mothers encourage their labor—but the nurses said having all these teas could have an adverse effect of harming the baby, leading to asphyxiation. People would also add types of leaves to open wounds to promote healing, though there would be risk for infection and germs. There were also herbs for various other illnesses such as stomachaches. Additionally, swollen feet during pregnancy was seen as normal by many community members, though these nurses contradicted this belief by stating it was dangerous, potentially leading to preeclampsia, a serious blood pressure condition. Traditional healers also rubbed the bellies of pregnant women to help the baby be in the “right position” for birth—in actuality, it reportedly could lead to asphyxiation due to the umbilical cord wrapping around their necks. Babies were commonly grabbed and inverted by adults, who would hit their feet, believing it would strengthen the

hole all babies have due to a naturally underdeveloped skull. People from these communities also believed teething caused diarrhea, though, in truth, the baby's unwashed hands contained that germs that they then put in their own mouths during teething.

When asked about the current nursing shortages in Honduras, many said it was mainly due to the lack of nurses, or staffing shortages. However, some disagreed, attributing difficulties to the lack of government funding in various aspects, such as the necessary hospital supplies and pay for nurses. They said there were indeed many nurses, but political corruption and the lack of positions prevented a significant number from getting employed. There was also a lack of valid nursing schools where the government accepted the degrees, the Nightingale Nursing School being one of the few. It was especially difficult to care for people in rural communities, they said, as traditional healers were preferred over orthodox nurses.

The pandemic in 2019 was an especially challenging period, as it worsened the shortages mentioned previously, as well as adding an increased health risk for nurses. Some nurses stated they had wanted to continue their education, but were prevented from doing so for over a year due to the virus not only preventing contact, but also halting their family income and funding for the education in the first place.

These nursing students commonly aspired to become professional nurses when the graduated, some even wanting to pursue further education, and others wanting to pursue medicine as doctors. One mentioned they wanted to leave the country to pursue their studies, others joining in choruses of agreement. Spain was a popular destination when asked where they wanted to go. The principal stated approximately a third of the students typically chose to immigrate to another country after their graduation.

The main challenge these nursing students faced when pursuing nursing was the lack of options geographically. The inaccessibility of nursing school—including moving away from family and having to go through difficult methods of transportation—combined with the rigor of its curriculum have contributed to the commitment of these students to follow through with their nursing careers.

## Discussion

Unlike the nursing students' presumption that nursing shortages across the nation are mainly caused by the lack of accessible positions, Malvárez & Castrillón's 2005 study states Honduras has a comparatively low nurse-population ratio. This misconception likely exacerbates the emigration of nurses, evident with the high number of nurses who choose to migrate away to either find better employment or further their studies. The lack of nursing schools in the first place combined with the high number of nursing graduates who choose to emigrate contribute to the perpetual cycle of healthcare deficits across the nation. Though this number is typically a third of the graduates in the Nightingale Nursing School, as this school is considered fairly prestigious, there is a possibility that other schools across the nation may have higher rates of graduates emigrating. As many young nurses do not see hope in their own country's system and choose to give up altogether rather than toil through the harsh, unappreciative conditions. Spain was a popular choice when asked, as most if not all of the nursing students spoke Spanish. There are only minor dialect differences when comparing Central American Spanish to Castilian Spanish, and the students considered Spain to be a prosperous country where they could properly pursue what they wanted without the restrictions of the Honduran healthcare system. In relation to Tremethick & Smit's 2014 study, many students already had to move away from their family and livelihood to pursue nursing due to the lack of accessible nursing schools. As a result, they did not see an increased sacrifice in emigration—nursing in the first place required their full dedication.

Additionally, although people in rural communities generally appreciated nurses, many saw them as "informal psychologists" rather than genuine medical professionals, displaying the still heavily prevalent reliance on traditional healers for guidance on healthcare. Rather than this being attributed to the lack of education and isolation from urban communities, this may be due to the awareness that government funding for the healthcare system in Honduras is inadequate, especially as this effect was exacerbated for rural communities which are the least prioritized for the government due to their sparse population. As the funding for various clinics falls short of the necessary materials for

treatment, many people living in rural communities, including the nursing students themselves, had personal negative experiences with the healthcare system. As a result, they had no other choice than to travel arduously to the city, or turn to alternative treatment methods such as traditional healers. Family members were also reported to mostly discourage the nursing students from pursuing the profession, as it is seen as an occupation underappreciated by the government, with harsh conditions outweighing its rewards.

## Conclusion

As nursing is especially an underappreciated profession in Honduras, many nurses choose to emigrate to another country to work in better conditions and receive better pay, where they will be appreciated more. This contributes further to the nursing shortage, and as the government does not adequately fund the healthcare system, it has isolated the rural communities from modern medicine, forcing them to stay dependent on traditional healing methods. These stigmas surrounding being a nurse create additional challenges on top of the large geographical and financial sacrifices required to pursue nurses. There is a need for more government funding, which will expel the negative reputation the healthcare system has for being incapable, but more importantly, people must tackle the issue at the core—promoting nursing as a profession by making it more accessible to pursue and displaying that it is not simply “putting injections.”

## Limitations

As this information is taken from students in one school in the rural area, nursing students attending schools in urban Honduran areas may have different perspectives. Further research may have to be conducted to compare and contrast these responses to narrow down concrete solutions tailored from rural and urban areas.

## Acknowledgments

I would like to thank the nursing students and administration of the Nightingale Nursing School for their insight, as well as the translators and intermediaries from Centro Oxford for helping translate and arrange the interviews.

## References

CMS. (2024, July 8). National Health Expenditure Data. Retrieved August 21, 2024, from <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data>

Faktor, K. L., Payán, D. D., Ramirez, A. J., & May, F. P. (2023). Impact and Sustainability of Foreign Medical Aid: A Qualitative Study with Honduran Healthcare Providers. *Annals of global health*, 89(1), 17. Retrieved August 21, 2024, from <https://doi.org/10.5334/aogh.3995>

Siantz, de Leon, M.L., Malvárez, S., (May 31, 2008) "Migration of Nurses: A Latin American Perspective" OJIN: The Online Journal of Issues in Nursing; Vol. 13 No. 2 Manuscript 2. Retrieved August 21, 2024.

Tremethick, M.J., Smit, E., (2014, February 21) "Honduran Nurses' Work-Related Rewards and Challenges: Implications for International Service Learning and Collaboration" OJIN: The Online Journal of Issues in Nursing Vol. 19 No. 2. Retrieved August 21, 2024.



HIGH SCHOOL EDITION

Journal of Student Research

Volume 14 Issue 1 (2025)

Zeribi, K. A., & Marquez, L. (2005). Approaches to Healthcare Quality Regulation in Latin America and the Caribbean: Regional Experiences and Challenges. Retrieved August 21, 2024, from [https://pdf.usaid.gov/pdf\\_docs/pnade604.pdf](https://pdf.usaid.gov/pdf_docs/pnade604.pdf)